

**REINSTATE EXAMINATION APPLICATION**

Send application to:

Department of Commerce &amp; Insurance

**TENNESSEE STATE BOARD OF COSMETOLOGY**500 James Robertson Parkway, 1<sup>ST</sup> Floor

Nashville, Tennessee 37243-1147

(615) 741-2515

**Please Check**☐ Cosmetologist☐ Manicurist☐ Aesthetician☐ Instructor☐ Shampooist☐ Hairstylist**FILE NUMBER****XACT NUMBER**

SENT TO TESTING: \_\_\_\_\_ TEST: \_\_\_\_\_

**DO NOT SUBMIT EXAM FEES TO THE BOARD OFFICE!**

To register and pay for your exam, you must follow the instructions listed at the bottom of this form. Exam fees are paid **DIRECTLY** to PSI. You will find complete registration information in your **CANDIDATE INFORMATION BULLETIN**. Bulletins are available at your school or at [www.psiexams.com](http://www.psiexams.com). If you have any questions concerning your registration, results or obtaining a Bulletin, contact PSI at 1-800-733-9267

SOCIAL SECURITY NUMBER

I hereby submit my qualifications and make application for license to practice Cosmetology in the state of Tennessee by re-examination under the Cosmetology Law, Title , Chapter, Tennessee Code Annotated. I am aware it is unlawful for me to practice cosmetology services until I retake and pass the Cosmetology Practical and State Law Examination

NAME: \_\_\_\_\_

LAST

(MAIDEN/OTHER)

FIRST

MIDDLE

ADDRESS: \_\_\_\_\_

NUMBER

STREET

CITY

STATE

ZIP

HOME PHONE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_

High School Attended: \_\_\_\_\_ Completed: \_\_\_\_\_ GED Score: \_\_\_\_\_

Name of last Cosmetology School attended: \_\_\_\_\_

Address: \_\_\_\_\_

Have you ever taken or applied for this exam before? \_\_\_\_\_ If yes, when? \_\_\_\_\_

Has any disciplinary action ever been taken against you by ANY State Board of Cosmetology? \_\_\_\_\_

If yes, please explain on back. Have you ever been convicted, forfeited bond, or are currently on probation for any felony? \_\_\_\_\_ If yes, give details on a separate sheet of paper for each offense.

Include date, place, charge, and action taken.

I hereby swear or affirm that the statements on this form are true and accurate to the best of my knowledge and belief.

Signature of Applicant

FILE NUMBER: \_\_\_\_\_

NAME: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_

**PRACTICAL AND  
LAW EXAM****FOR BOARD USE ONLY**

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To make payment with VISA o MASTERCARD, visit: [www.psiexams.com](http://www.psiexams.com)

Or, call: (800) 733-9267

To register by mail, send cashier's check or money order to:

PSI EXAM SERVICES  
ATTENTION: TN COSMETOLOGY  
3210 E TROPICANA AVE  
LAS VEGAS, NV 89121

Reinstatement Exam Fee: \$70.00

Circle Exam Type

Cosmetologist

Manicurist

Aesthetician

Natural Hairstylist

Shampoo Technician

Instructor

My social security number is:    -   -

The name under which I applied for testing (to State Board ) is :

LAST: \_\_\_\_\_ FIRST: \_\_\_\_\_ MI: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
STREET CITY

STATE ZIP

PHONE NUMBER: \_\_\_\_\_